Health Services
LOS ANGELES COUNTY

Expected Practices

Specialty: Urology

Subject: Ureteral Stones

Date: August 13, 2014

Purpose:

To provide clinical guidance in the assessment and treatment of ureteral stones

Target Audience:

Primary Care Providers (PCPs)

Expected Practice:

Perform the following assessments:

1. Urinalysis.
2. Urine culture.
3. Creatinine – Needed to rule out renal failure and needed in case contrast studies will be performed in the future.
4. Non-contrast CT-KUB (stone protocol).
5. Plain Film KUB. Note: A Plain film KUB is extremely important. If the stone is seen on CT but not Plain Film KUB this suggests the stone may be a uric acid stone. Additionally, serial KUBs can be used to follow passage of stone.

This *Expected Practice* was developed by a DHS Specialty-Primary Care Work Group to fulfill the DHS mission to ensure access to high-quality, patient-centered, and cost-effective health care. SPC Work Groups, composed of specialist and primary care provider representatives from across LA County DHS, are guided by 1) real-life practice conditions at our facilities, 2) available clinical evidence, and 3) the principle that we must provide equitable care for the entire population that LA County DHS is responsible for, not just those that appear in front of us. It is recognized that in individual situations a provider's clinical judgment may vary from this *Expected Practice*, but in such cases compelling documentation for the exception should be provided in the medical record.

For ureteral stones < 5 mm, no signs or symptoms of infection (i.e. WBC >12, positive urinalysis/culture, fevers), no severe hydronephrosis, no azotemia, and normal contralateral kidney:

1. Trial of Passage: Pain control and alpha-blocker (tamsulosin 0.4 mg PO QHS). Advise patient to strain urine, collect and save stone to bring in for stone analysis to lab.

2. If stone radio-opaque (seen on Plain Film KUB), then repeat Plain Film KUB and renal US in Primary Care in 4 weeks checking for passage.

3. If stone radiolucent (not seen on Plain Film KUB), follow-up in 4 weeks with US (if hydronephrosis seen at initial presentation) or repeat CT-KUB (if no hydronephrosis seen at initial presentation) and ensure resolution.

4. If urine pH is less than 6.5, treat with bicitra solution in attempt to dissolve stone. Do not use Bicitra if urine pH 6.5 or greater.

5. If pain resolves and patient can provide stone for analysis, then OK not to do follow-up KUB or CT- KUB at 4 week mark.

When to submit eConsult to Urology:

- If stone > 5 mm or fails trial of passage and patient is without fever or intractable pain.
- Note: If on initial study patient has mild to moderate hydronephrosis but no other complicating factors, still OK to follow for 4-wks as described above and follow-up in Primary Care.
- Note: eConsult to Urology is not indicated for asymptomatic patient who has passed first stone.

Send patient to the ER:

- If stone > 5mm with fever and intractable pain. If patient is sent home from ER and has intractable pain, they should return to ER rather than wait for Urology appointment.